MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4132

CERTIFICATE OF DEATH

04122

Reg. Dist. No. 337

1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY //) ET CO MARYLAND	STATE MARULAND COUNTY WICOM	NIPE
COUNTY (1); COM 1 CO MARYLAND CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporete limits, write RURAL end give neeres	
OR and give nearest town) (in this place)	TOWN JULY to House	
SHISDURY LOVE	AMULE ILLIANEN	XX
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS	1
STREET ADDRESS POMING 1/A GENERAL HOSPITAL	No Price of the Pr	
3. NAME OF (First) (Middle)	(Lesi) 4. DATE (Month)	Day) (Year)
DECEASED	OF A	
(Type or Print) (ATherine	Adkins DEATH HPRI	11 19 5%
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	OF BIRTH 9. AGE lest birthdey IF UNDER 1	
7 RACE WIDOWED, DIVORCED, Specify Single Fol-	23/955 Yrs. Mopths	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS		CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	901 11 11	-COUNTRY?
	Maryano 1	/
13. FATHER'S NAME (O)	14. MOTHER'S MAIDEN NAME	
Women adhens	Shirtey Drown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	10
(Yes, no, or unk.) (If Yes, give wer or detes of service)	ma THO 1 10. 9	104 11 - 11
7/6	Afra Shriey (Celbin, V.	Mary Mary
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH
Various ti) Willetin	-7/d/1. a
492 X IMMEDIATE CAUSE (A) V MUNICIPALITY	2) Relation	a layr
ANTECEDENT CAUSE(S) DUE TO		0
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	011/1/0 11/10/11	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH THE TOTAL (108)	2) Sellydration (3) Mon solism	
196. DATE OF OPERATION 196. MAJOR FLYCINGS OF OPERATION		20. AUTOPSY?
V	0	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County	(State)
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.]		
[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while	an non se mean eggen.	
M. et work et work	11.0	
22. I hereby certify that I attended the deceased from 10 WW	19.5 5, to 1/ W/MC 19.5 5, that 1 la	ast saw the deceased
alive on // apr 19 55 and that death occurred at	M, from the causes and on the date stated	ahove /
SIGNATURE	ADDRESS (Street, city, lown, state)	DATE BIGNED
18 had W Somedans Ne / B	The Mevision St Alister	11 4/11/5
Toplet W. Bulleson 18 M.D. 9		
23/ BURIAL, CREMATION, DATE THEREOF SAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county)	(State)
Bever 4/13/55 Diente 1	Emstan Brooker)	Morndand
24. REC'D BY REGISTRAR REGISCRAR'S SIGNATURE	25% FUNERAL DIRECTOR'S SIGNATURE	DORESS
11. 1- m p/ p/ pp	X 1 1 9R 1 1 1	10911
DATE 4/18/53 / Mary / Holloway , 1	continued I to said Julia	1200 12/01
DADELLORDIN 1		//
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CERTIFICATE OF DEATH

AN ADMINISTRACIONAL DE TRACTICA DE LA COMPANION DE LA COMPANIO

BUREAU V. S.

APR 18 1955

BECENAED

INSTRUCTIONS

PHYSICIAN

ATTENDING

CERTIFICATE OF DEATH 1199

		2. USUAL RESI	PENCE (HOME) OF	Reg. Dist.)	
Wicomico		र्भि क राजर			comic	en
COUNTY CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	31711	COUN	IY		99
OR end give negrest town)	(in this place)	OR	orporate limits, write RURA	L and give near	rest town)	
12 TOWN Salisbury		TOWN Heb	ron			X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rura	giva location)		1
STREET ADDRESS Pen. Gen. Ho:	spital	E.	st Church 5	t.		•
3. NAME OF (first)	(Middla)	(Last)	4. DATE	Month)	(Day)	(Year)
(Type or Print) LILLIE	RUARK	BAILEY	OF DEATH	APRIL	18	. 55
		OF BIRTH				19
RACE WIDOWED, DI	WORCED.		9. AGE last birthday	Months		Hours I Min.
Female White (Specify) Man	rried Jun	e 3, 1877	77 y	rs. Monras	Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	IND OF BUSINESS	11. BIRTHPLACE (State or	foreign country)	12.		OF WHAT
ratired) House Work		Silonn. Mar	yland Wico.	Co-	COUNTR	ŠĀ
I3. FATHER'S NAME	0112 2020	14. MOTHER'S MAID	f	004		
William Goslee						
			len Leather	ury		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unit.) (If Yes, give war or detes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT				
No In the second of the second		ir. Frank	T. Pailey	Musband	i)Hebi	rom, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	B. MEDICAL C	ERTIFICATION				VAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		(Tr	1 /2	1 .	ONSET	AND DEATH
CO of Materials of Assess			1 1/7 /20		-	
420. / IMMEDIATE CAUSE (A)	-OVINAN	y chily	1 wmy	42	1/4	when
ANTECEDENT CAUSE(S) DUE TO	-offinal	any	I want	42	1/4	wh
ANTECEDENT CAUSE(S) DUE TO	Coront	2 Athe	orocki	42	1/4	wh
ANTECEDENT CAUSE(S) DUE TO	Charle	7 Ath	I want	725	-/4	wh
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Corner	7 Ath	orocki	725	-/4	wh
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Corone	7 After	orocki	725	-/4	wh
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, N ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Coront	7 After	f noch	725	-/-	wh
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IN ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	OF OPERATION	7 After	f noch	725	20.	AUTOPSY?
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) BI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS		7 After	J nvm	725	20. YES [AUTOPSY?
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ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, fectory, office bldg., etc.)			(Count	YES [□ NO []
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY #Treat, (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Yeer) (Hour) 21e.	ne, farm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OF		(Count	YES [□ NO []
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. Wh	ne, farm, fectory, office bldg., etc.)			(Count	YES [□ NO []
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19 DATE OF OPERATION 19 MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) Wh M. =1 v	ne, farm, fectory, office bldg., etc.) NUURY OCCURRED nile Not while et work	215. HOW DID INJURY OF	CCUR?		YES [(State)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) Wh M. st v 22. I hereby certify that I Atended the dece	office bidg., etc.) NJURY OCCURRED Not while work et work et	216. HOW DID INJURY OF	CCUR?	, that t	YES [(State)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) AM. stv 22. I hereby certify that I Attended the dece	office bidg., etc.) NJURY OCCURRED Not while work et work et	216. HOW DID INJURY OF	CCUR? 41.2/55,19 • causes and on th	, that I	last saw	(State)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (How OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) Wh M. st v 22. I hereby certify that I Atended the dece	office bidg., etc.) Not while et work at the death occurred	216. HOW DID INJURY OF	CCUR? ### 255, 19 The causes and on the causes (Street, city,	, that I e date states	last saw	(State)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY stream, (If EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e Wh inty 22. I hereby certify that I Atended the dece	office bldg., etc.) INJURY OCCURRED Not while et work assed from	21f. HOW DID INJURY OF	CCUR? ### 255,19 The causes and on the causes (Street, city, Salisbury, M.	, that I e date states town, steta)	last saw d above.	(State) the deceased
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) And the stream of	ne, ferm, fectory, office bldg., etc.) INJURY OCCURRED Not while et work chased from	21f. HOW DID INJURY OF	CCUR? ### 255, 19 The causes and on the causes (Street, city,	, that I e date states town, steta)	last saw d above.	(State)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 10 THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) And the stream of	ne, ferm, fectory, office bldg., etc.) INJURY OCCURRED Not while et work chased from	216. HOW DID INJURY OF	ccur? #/12/55,19 to causes and on the causes (Street, city, Salisbury Market Court of Court	, that I e date states town, steta)	last saw d above.	(State) the deceased
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS 21a. ACCIDENT WAS UNDERLYING OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21d. Wh. M. with 22. I hereby certify that I attended the dece alive on the stream of the strength of th	ne, ferm, fectory, office bldg., etc.) NIJURY OCCURRED Not while et work at the death occurred NAME OF CEMETERY CHAPTERS	216. HOW DID INJURY OF	CCUR? #/ 2/55, 19 The causes and on the causes (Street, city, Salisbury Medical City, Hebron.	that le date stated town, steta)	last saw d above.	(State) the deceased

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. A15C 1-5\$ 10M



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BUREAU V. S.

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VS.

MARYLAND STATE DEPARTMENT	NT OF HEALTH—BALTIMORE, 18	04124
CERTIFICAT	E OF DEATH Reg. Dist.	No. 332
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED): h
COUNTY MEGNILO MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA	Y CITY(If outside forporate limits, write RURAL a	LOUR
/2 OR and give nearest town) (in this place)	OR TOWN Snow Hell	231-2
92 INSTITUTION OR Parinoula General Hospita	STREET (If rural give location)	√_
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Ruleut	Baine 4. DATE (Month) (I	(Year) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, MATERIAL (Specify):	The same of the sa	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) armer	ri. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	9/
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Millon Baine Su	worthill Ind
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S)	ent bon cho premaria	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)	A	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	The there shares	Jens
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	10 , 1955, to 4 19, 1955, that I last	saw the deceased
SIGNATURE	M.D. Wen will Mel Sell Low	stated above.
	TERY OR CREMATORY LOCATION (City, town or	md (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24/ FUNERAL DIRECTOR	ADDRESS

BECEINED

BUREAU V. S.

2361 P.I 89A

NSTRUCTIONS

The bottom copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4135 CERTIFICATE OF DEATH

04125 Reg. Dist. No.....

I. PLACE OF DEATH	2, DOUAL RESIDENCE (HOME) OF DECEMBED
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give neerest town)
12 OR ond give reassifove) Sallisbury, Maryland 3 yr. 7 mg	Baltimore, Maryland 3Vol.4
HOSPITAL OR	STREET (If rurel give location)
A INSTITUTION OF	ADDRESS
1/ STREET ADDRESS Deer's Head State Hospital	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Joseph	Barnes DEATH April 24 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
Male Colored Specify Widowed Aug.	6, 1862 92 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working He, even if OR INDUSTRY	COUNTRY?
Laborer Unknown	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Barnes	Marie Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Hospital records
Unk. Unk.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
450, / IMMEDIATE CAUSE (A) Toxemia	l week
DUE TO	
ANTECEDENT CAUSE(S) DUE TO Gangrene of rig	tht foot 4 months
GIVING RISE TO THE ABOVE CAUSE DILE TO	
STATING UNDERLYING CAUSE LAST. (C) Peripheral Arte	riosclerosis Unk.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
	YES NO 🔀
210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s, INJURY OCCURRED	211, HOW DID INJURY OCCUR?
M. et work et work	
22 I have by continue that I awarded the description Sont.	10, 19 51 , to April 24, 19 55 , that I last saw the deceased
alive on April 24, 19 55 and that death occurred a	
SIGNATURE AL. VILLE TILLOU	1 /21 /22
/i	Salisbury, Maryland 4/24/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or county) (State)
Cremeted 4-27-1955 Wings	Mg. Ballimore md
24. REC'D BY REGISTRAR, REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
4/20/55 Many It stollarmen	Kul Mulhy by History
DATE 7/29/33 Mary Or. Howayn	ful offmuley, has off weigh

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CERTIFICATE OF DEATH

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RYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04126

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED War (If outside corporate limits, white RURAL MARYLAND STATE (if outside corporate limits, write RURAL and give nearest lown) LENGTH OF STAY CITY CITY end give neerest town) (in this place) OR TOWN C TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Middle (Day) NAME OF DATE (Month) (Year) DECEASED OF (Type or Print) DEATH 19 5 SINGLE, MARRIED DATE OF BIRTH 9. AGE fest birthday IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR WIDOWED, DIVORCED RACE Months Davs Hours (Spacify) YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHFLACE (State or foreign country) CITIZEN OF WHAT OR INDUSTRY done during most of working life, even if COUNTRY? zalizach) 13. FATHER'S NAME MOTHER'S MAIDEN NAME INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service) INTERVAL BETWEEN MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, factory, (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work 19.55 to 22. I hereby certify that I attended the deceased from th certificate to 1.55 10M alive on SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED M. D. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, LOCATION (City, lown, or contaty) REC'D BY REGISTRAR 25 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-CALLING DELLE

CERTIFICATE OF DEATH

ARREST CARLE AREA

Annual by the and appropriate to your of

Mary With the line of the way of the for

23 1955 APA

BUREAU V. E.



VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04127

4137 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH		2. USUAL RESIDI	ENGE (HOME) OF DE	CEASED
COUNTY Wicomico	MARYLAND	STATE Mary	Land COUNTY	Dorchester
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside cor	poreta limits, writa RURAL en	d give neerest town)
OR and give nagrest town) TOWN Salisbury	1 day	TOWN Camb	oridge	271 2
HOSPITAL OR Pine Bluff State He	ospital	STREET	(Il rural give	e focation]
A STREET ADDRESS Salisbury, Md.		ADDRESS	#2 Gypsy Hil	1 Road ✓
J. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mont	h) (Day) (Year)
(Type or Print) Webster		Benjamin	DEATH 1	1 19 55
5, SEX 6. COLOR OR 7. SINGLE, MARRI		OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR IF UNDER 24 HRS
Male White SpacifyWide	owed Feb	. 11, 1885	70 yrs.	Months Duys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (Stata or Jo	mign country)	12, CITIZEN OF WHAT
done during most of working life, even if OR retired) Janitor	INDUSTRY	Lincoln Park	New Jersey	USA USA
13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME	
Alfred Benjamin		Elean	or Hanson	
	. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRES5	
[Yes, no, or unk.] (Il Yas, give wer or dates of service)	40-01-3149	Cornelia	Patterson, C	ambridge, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	D. 7	Landa Taraka		ח מולי מולי מולי
IMMEDIATE CAUSE (A)	Pulmonary Tu	me.carosra		
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home	form forton	21c. WHERE DID INJURY OCC	110.7 (Church town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c, WHERE DID INJOKT OCC	OK? (City of lown)	(County) (Siate)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. Whil	INJURY OCCURRED	216, HOW DID INJURY OCC	UR?	
M. at w	ork L at work L			
22. I hereby certify that I attended the decea	ised from 3/31/5			, that I last saw the deceased
alive on	that death occurred	at 1:50a M, from the	causes and on the d	ate stated above.
SIGNATURE	Th roned p		DRESS (Street, city, town	, state) DATE SIGNED
Stoward	M D.	iner Sal	isbury, Md.	4/1/55
23. BUTRÍAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	OR CREMATORY	LOCATION (City, town	, or county) (Slate)
Removal (Buri 1) 4/2/55 (4/5/	55 Reformed	erv	Pomoton F	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	11 00	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
DATE 4-6-54 MONULL	Hollow	Le Compte Fu	neral Service	e Cambridge



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registrar within 72 hours after death. After by the funeral director, the third copy of

£.5

certificate has been executed by the attention physician and compilety filled death certificate alsombly should be detached for use as a belief formal.

A15C 1-55 10M

The bottom carry may be relained by the haspital an alter ling physician.

INSTITUCTIONS Secures that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04125

Reg. Dist. No.

4133

CERTIFICATE OF DEATH

332

1. PLACE OF DEATH	2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Wicomico Maryland	STATE Mar	vland COUNTY	Wicomia	20
CITY (If autside corporate limits, write RURAL LENGTH OF STAY end give neerest town) (in this place)	CITY (if outside corp.	orata limits, writa RURAL e	nd give nearest towr	1)
	IOWN -	skin		×
HOSPITAL OR Dine Pluff State Hospital	STREET		ve focation)	7
OSSTREET ADDRESS Salisbury, Md.	ADDRESS			
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mor	nth) (Day)	(Year)
(Type or Print) Ila Jarrett	Benton	DEATH)	27	1955
	ATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
PACE WIDOWED DIVORCED	me 25, 1879	75	Months Days	Hours Min.
IDe, USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS	11. BIRTHPLACE (State or fore	igo country)	10 12. Ciliz	EN OF WHAT
done during most of working life, even if OR INDUSTRY			COU	NTRY?
retired Housework	Deals Island		USJ	<u> </u>
13. FATHER'S NAME A WES		_		
Calvin Calvin		DE GIBSON		
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or unk.) [If Yes, give wer or deter of service]				_
no Lost		n admission		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		4 .		ERVAL BETWEEN
1872 X IMMEDIATE CAUSE (A) Prolimon	en Tucker	culori	7 1	mo
2115 70	- Julian			
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH,				
194. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION				D. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCU	IR? (City or lown)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg , etc.]				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCU	JR?		
M. et work et work				
22. I hereby certify that I attended the deceased from	.8/55, 19 , 10 4/3	27/55 , 19	, that I last sa	w the deceased
alive on14/27/55, 19				
BIGNATURE		RESS (Street, city, tov		DATE SIGNED
At kurden M.O	. Salisbur	y, Md.	4/	28/55
23. BURIAT CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY	LOCATION (City, low	n, or county)), (Stete)
	wia M.L.	164 66	rus.	116
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	s)
111/55 In of 0/01	12/17/1-	Ela 11	2000	4.1. 1

S A ANTINE

YAM.

BUREAU V. S.

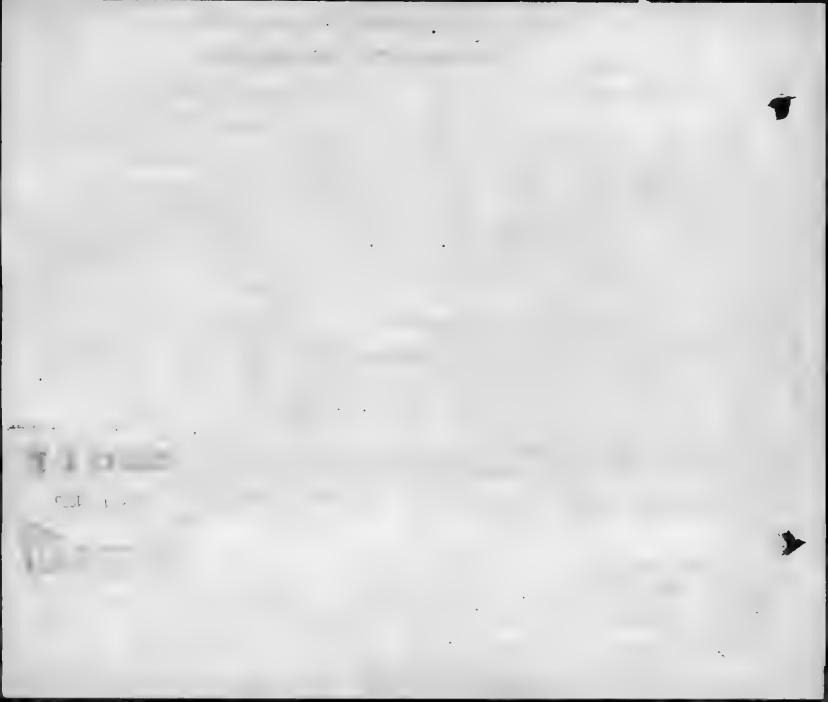
The law requires the the death certificate be executed within

4140

CERTIFICATE OF DEATH

Reg. Dist. No....

COUNTY MICOMICO HARYLAND STATE Mar/land COUNTY Orgester CITY (If outside corporate limits, write RURAL end give nearest town) OR end give nearest town) TOWN Salisbury 3 weeks HOSPITAL OR STREET (If rural give location)	
OR end give neerest town) Salisbury	
12 TOWN Salisbury 3 weeks Town Berlin	1/
	1/
q institution or Deer's Head State Hospital RFD "3	¥F
3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Day) DECEASED (Type or Print) John Edward Brittingham DEATH April o 1	(Year) 755
Male RACE Thite WIDOWED, DIVOSCED, (Specify) Wid. Mar. 7, 1365 90 yrs. Months Doys H	NDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if OR INDUSTRY	
relified Farmer Farm Berlin, Maryland	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Ephram Brittingham Nellie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	e
(Yes, no, or unk.) (# Yes, give wer or detes of service) — Hospital Records	
18, MEDICAL CERTIFICATION INTERVAL	BETWEEN
a protection and continued and an arranged and arranged arranged and arranged and arranged and arranged arranged and arranged arranged and arranged arranged arranged and arranged arra	hrs.
Recurrent cerebral thrombosis 18	III'S.
ANTECEDENT CAUSE(S) DUE TO DISFASES OF CONDITIONS IF ANY IN Arteriosclerosis, general	?
CIVING DISE TO THE ABOVE CALISE	A
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE Arteriosclerotic cardiovascular disease Arteriosclerotic cardiovascular disease	?
	NO A
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? M. A. Bernork of work	
22. I hereby certify that I attended the deceased from Hanch 16., 19.55., to April. 0., 19.55., that I last saw the	e deceased
alive onApril 8., 19.55, and that death occurred at 8:15A.M, from the causes and on the date stated above.	
SIGNATURE Dr. V. fuerman M.D. Salisbury,ar, land 8/0/.	B SIGNED
23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	(Stete)
BURIAL 410/55 EVERGREEN BERLINI	IY, D
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	r h
DATE 4/11/33 1 Alany W. Holloway June 17 June 17 Hereby Her	



2 V CALAGE

MARYEAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04132
Reg. Dist.
No. 337

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	MI
					N C

	The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 'GO'GO MARYLAND	STATE release county ico ico	
CITY (If outside corporate limits, write RURAL LENGTH OF STA	OR	town)
TOWN 5 listary 10 ms.		
HOSPITAL OR INSTITUTION OR ISTREET ADDRESS	STREET (H rural, give location) ADDRESS UIC Dowless 1	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED:	OF DEATH 4 7 19 5	55
RACE: WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday; IF UNDER I YEAR IF UNDER: Months Days Hours	24 mrs. Min.
10m. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	
even if retired): Tanorur	.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Albert Bunting	Sarah Roed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service) 0- 5- (1	Ili Turting, 71 owled I ., life	3 4
	ICAL CERTIFICATION INTERVAL BE	O TAL WOLLT
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND	
Immediate cause (a) Coronary occlu		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	***************************************	**** ****
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		QV 9
	Yee T	
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., e	ory, 21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work at work		
	ribed above, held an Autopsy [], Inspection [], Inquiry	
SIGNATURE O	cident [], Suicide [], Homicide [], Undetermined cause CHIEF MEDICAL EXAMINER [] DATE SIG	
and he was	M. D. ASSISTANT MEDICAL EXAMINER 4-5-5	
	170.11	itate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'- 7-55 Mary 11. Holloway	1. Edgar Thomas, Accomac I	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18 () 4 (3 3
CERTIFICATE OF DEATH	Reg. Dist. No. 332
Item 9, FileGl8 4-14-55 et	Reg. Dist. No. OO-C
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME)	OF DECEASED:
COUNTY TURO MARYLAND STATE MOTULAND COU	NTY Somerut.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside exporate limits,	write RURAL and give nearest town)
OR and give nearest town) (in this place) OR TOWN	124 2
1. unesse co	l give location)
INSTITUTION OR ADDRESS	1 give location)
STREET ADDRESS Peninsula General Hospital 87 Hamp	dem Dire. V
	(Month) (Day) (Year)
(Type or Print) Navuett Cottman DEATH:	avril 7 1955
5 SEX: 16 COLOR OR 17 SINGLE MARRIED 18 DATE OF BURTH: 9 AGE last humb.	day IF UNDER I YEAR TH UNDER 24 HRS.
Funal colored (Specify). Subt-3 1889 /// 65,	Months Days Hours Min.
1.0000	country): 12. CITIZEN OF WHAT
work done during most of working life, or INDUSTRY:	COUNTRY
Housewill we It the Wesconer Ind.	1 100/
13. FATHER'S NAME:	/
Seorge Coston Myria Ballar	d.
IS. WAS DECEASED EVER A U.S. ARMED FORCEST IS. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS:	2
(Yes, no, or unk.) (If fee, give war or dates	Dengeron Gune Mid
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422,2	
IMMEDIATE CAUSE (A)	soare unterious
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) CILLUAL CHEMISORIE	11
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory. 21c WHERE DID (City or tow	rn) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ii) (Oddiny) (Deate)
21D. TIME (Month) (Day) (Year) (Hour) ; 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?
OF INJURY While Not while	•
,,,,	
22. I hereby certify that I attended the deceased from 3-12, 1955, to 4-7, 1955	, that I last saw the deceased
alive on 4-7, 1955, and that death occurred at 5158 M, from the causes and	on the date stated above.
SIGNATURF	DATE SIGNED
Willel Celles, J. M.D. Sales lever,	Md. 4-7-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION	(City, town, or county) (State)
4-10-35 St. Mary Cemetery	- Oldice Md
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE 24, FUNERAL DIRECTOR	ADORESS
REGIETRARY-5:3" Many III. Holloway / Cullingen H	grand It Thurson die

VS. A15 -- 10 - 53

TA COUNTY

· · · · · · · · · · · · · · · · · · ·	D COLUMBS DESCRIPTION	ANTO OE THE	AT IDIT DAY M	INFORM 10		Regit Dist. 1	
	D STATE DEPARTMI EXAMINER'S			JMUKE, 18		No. 332	
	DAAMINER S			Or Di		No. D.J.K	
. PLACE OF DEATH:		2.	USUAL RESIDENCE	E (HOME) OF DI	ECEASED:		
COUNTY Wicomi		YLAND	STATE Md.	COUNTY	Wicomico		
OR and give nearest tow TOWN Salish	(in	this place)	OR TOWN Wills		te RURAL and	give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PON	insula General Hosp		STREET ADDRESS none	·	give location)	1	
NAME OF (Fi DECEASED: (Type or Print) Emi]	rst) (Middle)		ast)	4. DATE (BO) OF DEATH	ionth) (Day)	(Year)	
SEX: 6. COLOR RACE:	4				Months Day	AR IF UNDER 24 HRS.	
0s. USUAL OCCUPATION work done during most even if retired): House	of work life, INDUSTR'	BUSINESS OR	11. BIRTHPLACE	(State or foreign	country): 12.	CITIZEN OF WHAT COUNTRY? U.S.A.	
3. FATHER'S NAME:		14	. MOTHER'S MAID	EN NAME:			
Unknown 15. Was Deceased Ever In U.	S. ARMED FORCES? 16. SOCIAL SEC	1 77 1	Unknwn INFORMANT & AD	DDDGG.			
(Yes, no, or unk.) (If Yes, giv			sband- Mr. H		d o		
CIARS			CERTIFICATION	Edward Detti	11.8		
29// /2	NS DIRECTLY LEADING TO DI	EATH:				INTERVAL BRIWEEN ONSET AND DEATH	
Immediate cause (a) Acute congestive heart failure 12.							
Antecedent cause(s) Diseases or conditions, if any. (b) Third degree burns of 30 % body surface. 26 days							
giving rise to the above cause DUE TO							
	(c) DIDITIONS CONTRIBUTING						
DISEASE OR CONDITION	NOT RELATED TO THE N CAUSING DEATH.			<u>.</u> .			
	: 19b. MAJOR FINDING OF O					20. AUTOPSY ? Yes \(\text{No } \text{P}	
PRIMARY OF CONTRIBUTION OF CAUSE OF DEATH.	ITING ZIb. PLACE (Home, OF street, of INJURY	farm, factory, ffice bldg., etc., MO	21c. (City or town) Willards	Wicomi		(State) rvland	
OF INJURY 3 13 55 5P M. Work at work Clothes caught fire while cooking.							
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [A], Inquiry [A], and find that weath resulted from Natural causes []. Accident [], Suicide [], Homicide [], Undetermined cause [].							
SIGNATURE	L. Kome/		DEPUTY	MEDICAL EXAM MEDICAL EXA	MINER	DATE SIGNED	
3. BURIAL, CREMATION, BENOVAL (Specify):	DATE, THEREOF NAME	OF CEMETERY C	R CREMATORY	LOCATION JOH	y, town, or cou		
Mania	4/11/550 a	Junne	5	Millon	ds	ma.	
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	was 1	A. FUNERAL/DIRE	Thak	1 selle	ADDRESS	
	the state of the s					1 Trans	

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BUREAU V. C.

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this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After of of copy CERTIFICATE OF DEATH Reg. Dist. No. third 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED hours afty COUNTY Wicomico Wicomico Maryland COUNTY MARYLAND 72 hours director, LENGTH OF STAY (If outside corporate limits, write RURAL and give neares) town) (If outside corporale limits, write RURAL 60 vrs end give nearest town)
Delmar OR. TOWN Delmar TOWN HOSPITAL OR STREET (If rural give location) execute INSTITUTION OR **ADDRESS** Maryland Avenue Maryland Avenue STREET ADDRESS (Middle) 4. DATE (Month) NAME OF (Las) (Dov) (Year) DECEASED registrar by the t 19 55 Elizabeth Fisher DEATH April (Type or Print) Fannie COLOR OR 8. DATE OF BIRTH SINGLE, MARRIED 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, (Specify) WIOOWED Months Days Hours May 9,1879 Female ئ ب 11. BIRTHPLACE (State or loreign country) 10a, USUA: OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 12. CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY USA ly filled permit. Oak Hall. Va. retired) At Home 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME NSTRUCTIONS e fille Hall Elizabeth Grace Gladding Anthony Pe сошру 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service) Mabel Levy. Delmar, Md. None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death 4 3 2 X IMMEDIATE CAUSE U\$8 DUE TO ANTECEDENT CAUSE(S) requires that the attending pr DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. detached 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ģ ¥8i YES | NOT be retained 21c. WHERE DID INJURY OCCUR? (City or town) The 216. ACCIDENT WAS UNDERLYING ! 21b. PLACE (Home, ferm, fectory, (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 21d. TIME OF INJURY (Month) (Day) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) certificate assembl While Not while et work al work peen 50 22. I hereby certify that I attended the deceased from..... 19 A that I last saw the deceased ..., and that death occurred at M, from the causes and on the date stated above alive on. FUNERAL death certific AISC 1-55 10M SIGNATURE certificate NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION, DATE THEREOF (State) A15C REMOVAL (SPECIFY) 5-2-55 Mt. Olive Delmar Burial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE Hudeon DATE

S.V. CAIL. "S.

K 1 A 2	0/120				
· MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.				
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 332				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicomico 333				
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury				
HOSPITAL OR INSTITUTION OR STREET ADDRESS home- Anderson Rd.	STREET (If rural, give location) / ADDRESS Anderson Rd.				
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)				
(Type or Print) Martha E Gosle	DEATH 4 29 19 55				
F RACE: WIDOWED, DIVORCED, (Specify): S	1-29-38 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.				
10n. USUAL OCCUPATION (Give kind of work life, even if retired): student 10b. KIND OF BUSINESS OF INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Salisbury. Md. U.S.A.				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
William Long	Thelma Goslee Harmon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:				
No No None	Andrew Goslee, Anderson Road, Salisbury, Md.				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Office of the conditions of th	Filerelson Sylvana Onset and Dratit				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	2 12 hru				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes X No 🖂				
21a. EXTERNAL CAUSE WAS PRIMARYA or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	, 21c. (City or town) (County) (State)				
2Id. HOW DID INJURY OCCUR? OF White at Work Not while work Not while at work Not while NJURY					
	dent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 4.30-55				
	Memorial Park Salisbury, Wicomico Co., Md.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-53- May 11. Trollinary	Mary a. Stewart Salisbury, Maryland				

5 C Na

04139

Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore City (It outside corporate limits, write RURAL and give nearest town) (if rurel alve location) 2839 Rayner Avenue 4. DATE (Month) (Dey) 18 DEATH 19 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Months CITIZEN OF WHAT COUNTRY? U.S.A Hospital records INTERVAL BETWEEN ONSET AND DEATH days 9 yrs. 20. AUTOPSY YES NO X {County} (State) midnight causes and on the date stated above Deer's Head State Hospital
Salisbury, Maryland DATE BIGNED .9/55 LOCATION (City, town, or county) REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR'S SIGNATUR ADDRESS

BRIBEVA A. &

AND SE WAS

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMEN	
4148 CERTIFICATE	OF DEATH ()414() Reg. Dist. No332
1. PLACE OF DEATH COUNTY WIND WARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR HOSPITAL OR	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place) TOWN (In this place)	STATE TO THE COUNTY LEVEL TO WAR COUNTY (If outside corporate fimiles fwrite RURAL and give nearest town) OR TOWN A LIA (LL 'L TV 'IS
HOSPITAL OR INSTITUTION OR STREET ADDRESS TWAN THE ADDRESS TWAN THE ADDRESS TO THE ADDRESS TWAN THE ADDRESS	STREET (If rural give fecelion) ADDRESS
S. NAME OF (First) (Middle) (Type or Print)	(Lest) 4. DATE (Month) (Dey) (Year) OF DEATH H 19.5%
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) 7.	
10e. USUAL OCCUPATION (Give kind of work done during most) of working life, even if refired.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired a borner 13. FATHER'S NAME 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Wright
done during most of working life, even if OR INDUSTRY reliand of the second of the sec	17. INFORMANT & ADDRESS LIFENRY
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OF CAUSE LAST DUE TO	tekespo
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Death of Injury street, office bldg., etc.) Contributing Cause of Cau	2H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3.4.5.	19, to
SIGNATURE M.D. M.D.	13W College (Street, city, town, stete) DATE/SIGNI
	acres len discipuly my
2 24. REC'D BY REGISTRAR, REGISTRAR'S SIGNATURE DATE 4/12/55 Mary It. Holloway	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS

lours after death.

altending physician.

BUILAU V. R.

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DATE

HATTIVCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4174

CERTIFICATE OF DEATH

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Dr. Beardsley E.M.

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico Many AND	STATE Heryland county Viconico
COUNTY MARYLAND CITY (If outside corporate lymits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
OR end give necres town) (in this place)	OR
A HOLEL DELL OUTY	TOWN Rural Salisbury X
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
street Address R.D. # 3 (Ocean City Rd)	R.D.# 3 (Ocean City Road)
3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ANIVIE	HOBBS DEATH APRIL 13 th , 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (OF BIRTH 9 AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
Female White Specify Single Nov.	6 1000 Months Days Hours Min.
IO. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relired House Work At own Home	R.D. # 3 Solisbury, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Theo. Hobbs	Illeanora Maddox
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
[Yes, no, or unk.] (If Yes, give wer or detes of service)	
010	Miss Lula M. Hobbs (Sister)R.D.# 3
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION Seliabury, Maryland INTERVAL BETWEEN
TO DAY DAY DIE	ONSET AND DEATH
1517 IMMEDIATE CAUSE (A) X LUCULUMINE	Jasomuel 191.
ANTECEDENT CAUSE(S) DUE TO	/ '
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216 ACCIDENT WAS UNDERLYING 216 PLACE (Hame, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from Telles	19 6 5, to CIPI - 13 , 19 5 5, that I last saw the deceased
	it. M. A. M., from the causes and on the date stated above.
SIGNATOR	ADDRESS (Street, city, lown, state) ADDRESS (Street, city, lown, state) ADDRESS (Street, city, lown, state)
VIII MI DOUNG VOL	
23. SUBPAL, CREMATION, DATE SPIEREOF NAME OF GEMETERY OR	st Church St. Selisbury, Haryland Apr. /5 195
REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county) (Stete)
Burial Apr. 15, 1955 Parsonsburg	Cenetery Parconsburg, Maryland
24. REC'D BY REGISTRAR REG STRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Il a total of all	TYPE A CALLET O CONTRACT OF TABLE OF STATES

ER M.

this death MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Affer ö copy CERTIFICATE OF DEATH er death. Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED 華 Wicomico "arvland COUNTY hours COUNTY come 72 hour (If outside corporete limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY OR. and give necrest town) (in this placa) TOWN TOWN Salisbury HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS ADDRES\$ within funeral Salisbury, Md. Ht. Ecrmon (Month) NAME OF (Middla) DATE DECEASED registrar by the f Marian (Type or Print) SEX COLOR OR SINGLE, MARRIED. DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIYORCED, Months (Spacify) < 2.5 10a. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled COUNTRY? done during most of working life, even if OR INDUSTRY retired) P.G. Forpt. Salisbury, Md. U.S.A. None None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Marian Tyler ψ Richard Holloway cample physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. certificat (If Yas, give wer or dates of service) Mr. Richard Holloway (Father) (Yas, no, or unk.) R. D. J. Salisoury, Mary Language Between en attending 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH **Physician** d ## IMMEDIATE CAUSE S2 DUE TO ANTECEDENT CAUSE(S) requirem that the nding le DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. detached atimin 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ≯e YES T NO ratained 21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (Stata) SICIMI OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) IIF EITHER, NOTIFY MEDICAL EXAMINER! PERFECTOR: 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 99 Whila Not while at work at work P. III 20 ... 19.5.5 .., to......, 19......, that I last saw the deceased hm Mottom copy centificate 19.55....., and that death occurred at 8.300M, from the causes and on the date stated above. alive on Gos 30 SIGNATURE ADDRESS (Straat, city, town, stele) 10.M certificate death BURIAL, CREMATION, LOGATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Aisc REMOVAL (SPECIFY) Rd. #3 Salisbury, Md. Purial Hannord Cemetery. April 21. 55. 2 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE Holloway & Co. Salisbury, Maryland.

BUREAU V. S.

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APR 25 1955

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METRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

4151

04144

Reg. Dist. No. 337

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
county Vicamico	MARYLAND	STATE STYPE AT	d county	.'	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside con	orate limits, write RURAL e)
/ATOWN 3 lisbury	(in this place) 5 Duyre	OR TOWN 314	tsville		J
HOSPITAL OR	1 2 2000, 0	STREET		re location)	
INSTITUTION OR STREET ADDRESS SUT S' LTY		ADDRESS	,,, , , , , , , , , , , , , , , , , ,		/
	Aiddle)	(Last)	4. DATE (Mor	ilh) (Dey)	(Year)
(Type or Print)	. 1	401.3.	OF DEATH	1	19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIET		OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	LIF UNDER 24 HR
RACE WIDOWED, DIVO	ie' Cct.2	1,134	5/4 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or for	eign country)		N OF WHAT
refired accounting Own S		Marwiland		tr c	NTRY?
13. FATHER'S NAME	V LL	14. MOTHER'S MAIDEN	NAME		
Coorco V Honole			1 ** **		
George K. Houck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Cora Ja	ekson Houck		
(Yes, no, or unk.) (If Yes, give war or dates of service)	JOCIAL SECURITY NO.	IV. INFORMANI &	WDDK522		
None .i	- 5-ive5	inco Oliv	E.H. Houck.C	_I.e	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	MALEN millin a	Mexico	la cose	als in	SET AND DEATH
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO (C)		7	,		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Virkull	un 04 120	shelin)	122
	CELLUM)	0x 11200	cader	4 -	NO NO
21a. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, lice bldg., atc.)	214. WHERE DID INJURY OCC	JR? (City or lown)	(County)	(Stele)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While M. at wor		21f. HOW DID INJURY OCC	JR?		
22. I hereby certify that I attended the decease	ed from 413	, 15° J, to	, 50 , 19 3	, that I last say	w the decease
alive on	that death occurred a	it. S. M. from the	causes and on the	date stated abov	·e.
SIGNATURE		2 7672 1	RESS (Street, city, tow	n, state)	DATE SIGNE
23. BURIAL, CREMATION, DATE THEREOF	M.D.	RCREMATORY	LOCATION (City, town	n, or county)	(State)
rial 1/11/55	Par 30. 8 Ou.	etery	Built m.	rlma	
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	SIGNATURE	ADDRESS	
DATE 4/13/55 Mary H. Hal	loway	The Hill, J	drena Dr.	lie m,	
	X3 0	Tion	non T. Ba	wer	

B. I. V. I. I.

04145

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Wico ico COUNTY (If outside corporate limits, write RURAL and give nearest town) TOWN Salisbury STREET (If rural give location) ADDRESS Mt. Hermon Rd (Lest) DATE (Month) (Day) (Yeur) HOWARD DEATH April 8. DATE OF BIRTH IF UNDER 24 HRS AGE lest birthdey IF UNDER 1 YEAR Months Days 7,1955 YIS. 11. BIRTHPLACE (Stelle or foreign country) CITIZEN OF WHAT COUNTRY Pen. Gen. Hosp. Salisbury Md 14. MOTHER'S MAIDEN NAME Elsie Margaret Collins 17. INFORMANT & ADDRESS Mr. J. Lyle Howard (Father) Sallabury, Maryland INTERVAL BETWEEN 20. AUTOPSY? YES XX NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta) 21f. HOW DID INJURY OCCUR? S., that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) Mo N. Division St. Salisbury, Maryland Apr. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Wicomico Memorial Park Salisbury. 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

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HOLLOWAY & COMPANY

SALISBURY MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 sth. After copy of 4175 CERTIFICATE OF DEATH Dr. Beardsley ď after ne thi I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Mary and MARYLAND Wicomico CITY (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give neerest town. and give nagrest town) (in this place) TOWN Hebron TOWN Hebron Rurel HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS R.D. R.D. 3. NAME OF (Middle) (Lest) DATE (Month) (Day) (Yeer) DECEASED registrar by th≡ 1 (Type or Print) CHARLES EDWARD JOILS DEATH APR. 21 5. SEX 6. COLOR OR 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIYORCED, Hours Mal e (Specify) Widowed April 14. ⊒. ‡ 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY COUNTRY? ly filler permit. retired) Jarmer Retired Noar Allen, Maryland USA Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ete Thomas Jones Sarah Cannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS Iff Yes, give wer or deles of service) Harrington 206 Merahall St Unk 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH da ANTECEDENT CAUSE(S) ding p DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 19e. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 7 <u>8</u> % NO Z should 21a. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Home, farm, fectory, 21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: assembly 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Not while al work at work been 19.555., that I last saw the deceased 22. I hereby certify that I attended the deceased from certificate, and that death occurred a0.1.50...A.M, from the causes and on the date stated above. SIGNATURE FUNERAL ADDRESS (Street, city, town, stete) DATE SIGNED certificate M. East Church St. Salisbury, Maryland Apr. 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Duris Solisbury, Maryland 24 Parsons Cematery 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE HOLLOLAY & COMPANY SALISBURY MARYLAND Halloway

Banera F T

4PR ≥≃ 1955

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LES .	arefully The correct ind legibly.
NUMBER OF FOR DINDING	DING INK. Supply every item of information caians: please writ the serse of death clearly a
MARGIN RESERVE	Ý, WITH UNFADING INK. Suppl mportant, Physicians: please writ≡
7	ASE WRITE PLAINLY, WITH age is especially importan
	1SE

VS. A15A - 5 - 53

MEDICAL EXAMINER S CER	THICATE OF DEATH No. 202
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY /1COM1CO MARYLAND	STATE Haryland county 'icon'co
CITY (If outside corporate limits, write RURAL OR and give nearest town) Salisbury (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Saliebury
HOSPITAL OR INSTITUTION OR 768 S. Division St	STREET (If rural, give location) ADDRESS 768 S. Division St.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILMER C H.STER J((Last) 4. DATE (Month) (Day) (Year) ONES DEATH APR. 8 th 19 55
Male RACE: WIDOWED, DIVORCED, Winder (Specify): Married June	15, 1879 9. AGE iast birthday: IF UNDER I YEAR IF UNDER 24 HRS. 76 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY: Retieved retired): Foregan at W. Fl Allen Co. (Fruit	COUNTRY?
13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:
Eli Chester Purnell Jones	Clarissa Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	I7. INFORMANT & ADDRESS:
service)	Mrs. Minuie M. Jones (Vife)768 S. Division St
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yee \[\text{No.E}
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	21c. (City or town) (County) (State)
2Id. TiME (Month) (Day) (Year) (Hour) 2Ie. INJURY OCCURRED OF INJURY M. work □ at work □	214. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accidental causes Accidenta	
	Walter R. Holloway

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4178 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATE Maryland county Wicomico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (In this place) TOWNRural Salisbury	OR TOWN Salisbury
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 612 Light St.
3. NAME OF (First) (Bliddie)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: LOUIS	OF (Didney) (Day)
	rmore DEATH April 27 19 55 OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify): Married Dec	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): Salesman Appliance Store	Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William W. Larmore	Anna T. Parks
15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16 SOCIAL SECURITY NO. 1	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of	Mrs. Lillian G. Larmore, Salisbury, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN
N722	ONSET AND DEATH
Authorite cause (-/	-monoxide poisoning.
Antecedent cause(s)	
Diseases or conditions, if any, (b)	ANNUALIN (10000) (20000), 10, 10, 10 MORAGENIA, 1000 A . 2 10 A/C . 1 10 OC
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	2 (11) (MANAGE OF MANA A MANAGE (MANAGE OF
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes 🗆 No 🕞
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc.,	21c. (City or town) (County) (State)
CAUSE OF DEATH. INJURY	
21d. TiME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?
INJURY M. work at work	
	ed above, held an Autopsy . Inspection , Inquiry P, and
signature . Natural causes . Accid	ent [], Suicide X, Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER 67 DATE SIGNED
SIGNATURE D	DEPHTY MEDICAL EXAMINER D
THE PURPLEY COMMANDED IN THE PURPLEY THE PURPLEY OF COMMENCE.	M. D. ASSISTANT MEDICAL EXAM. D 4-29-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	, , , , , , , , , , , , , , , , , , , ,
Buris 1 5-1-55 Wicomico Menk	orial Park Salisbury, Md.
REG. 90-6 M	Long + Wallace
4-29-00 Mary Willoway	1 man
	La 10 - harris Mil



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

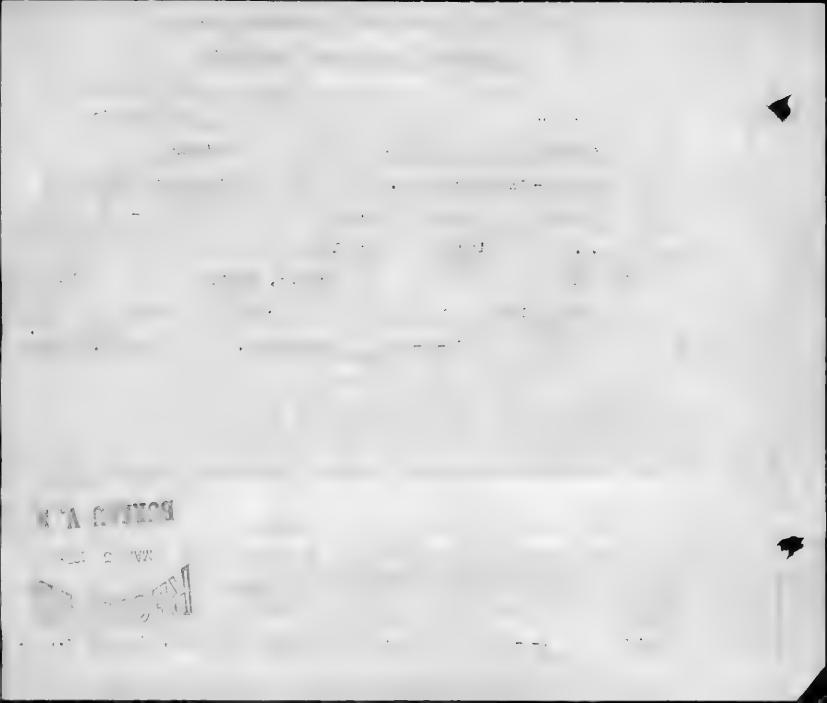
4156

CERTIFICATE OF DEATH

04151

Reg. Dist. No. 337

1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF DEC	EASED
COUNTY Wicomico	HARYS	AAIII	STATE Mary	land. COUNTY	Wicomico
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH O	F STAY	CITY (Woutside co	porate limits, write RURAL and	lva nearest lown)
/2 TOWN Salisbury	14	years	TOWN	Salisbury	11
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(Il rural giva k	/
Of STREET ADDRESS At home - 1	16 Catherine	St.		116 Catherine	Street
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) William	Fulton		ogan	DEATH 4	- 29 19 55
	IGLE, MARRIED, DOWED, DIVORCED,	8. DATE C	OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Male A.A. (Sp	ecity) Widowed	Aho	ut 1880	75 ym. M	onths Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES		11. BIRTHPLACE (State or fo	1	12. CITIZEN OF WHAT
retired) Mill Hand	Saw Mil	1	Horntown,	Virginia	USA
3. FATHER'S NAME			14. MOTHER'S MAIDE		
Tamual T	- 41-14		•		
Lemuel L 15. WAS DECEASED EVER IN U. S. ARMED FORCE		CIA VEIGIS	I 17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or deles of ser		OKIET NO.	I/, INFORMANT 6	ADDRESS	Md.
No No	217-10-	-3 599	Ida Pinke	tt, 116 Cather	ine St. Saliabury
P. BUTTOTT OF CONTRIBUTION PROPERTY LEADING	18. ME	DICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1 DISEASES OR CONDITIONS DIRECTLY LEADING	IO DEATH				CHSEL AND DEATH
444 MMMEDIATE CAUSE (A)	- W	ren	ua		
ANTECEDENT CAUSE(S) DUE TO			. 1 4	10	-
DISEASES OR CONDITIONS, IF ANY, (B)	Olivan	uc c	replant	Circum	chen !
GIVING RISE TO THE ABOVE CAUSE DUE TO				dest	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	lG .				
TO THE DEATH BUT NOT RELATED TO THE					
D.SEASE OR CONDITION CAUSING DEATH.					AD AUTONOVA
190. DATE OF OPERATION 196. MAJOR	R FINDINGS OF OPERATION	И			20. AUTOPSY?
DA ACCIDENT WAS UNDSOLVING TO I THE	MACE Many from foots	. 1 /	Ne. WHERE DID INJURY OCC	TIM 2 (City on town)	(County) (State)
216. ACCIDENT WAS UNDERLYING 216. F OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fector IURY street, office bldg., atc		CIE. WHERE DID INJUKT OCC	OK! (City of fown)	(County; (State)
21d, TIME OF INJURY (Month) (Day) (Year) (211. HOW DID INJURY OC	UR?	
		work			
22. I hereby certify that I attended	the decreed from		1049 1- 4	- 19 10 5 1 T	that I last saw the deceme
22. I nereby certify that I attended	me deceased from			at transferring 17 about ag	that I last saw the decease
alive on	and that death	occurred at	A. F.A.M. from the	causes and on the date	stated above.
SIGNATURE	1 1		O A AD	DRESS (Street, city, town, s	(ala) DATE GREAT
1 tul 14 Vi	ale .	M.D.	Jalent	my Med	2-7-27
23. BURIAL, CREMATION, BATE THEREC		CEMETERY OR		LOCATION (City, town, o	
Burial 5-3-	55 Green	Acres	Memorial Park	Salisbury, V	licomico Co Md
24. REC'D BY REGISTRAR'S			25, FUNERAL DIRECTOR	are	& Chychist
Man 6 1056 M.	of al of		170000 11 54	+ 324	a chillians.



The	4157 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04152
	Item 2, Film 31°1, 5/12/55 CERTIFICATE OF DEATH Reg. Dist	No. 227
carefully.	1. PLACE OF DEATH: 2./ USUAL RESIDENCE (HOME) OF DECEASED	D:
are	COUNTY WICEMIES MARYLAND STATE // ARMAN COUNTY WILL	mica
tion c	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) LENGTH OF STAY (in this place) OR OR	nd give nearest town)
atio y ar	HOSPITAL OR STREET (1) Tural give location)	Church St.2
Supply every item of information te the causes of death clearly and	32 STREET ADDRESS FENINSULO GENERAL HOSPITAL Wilmer Nuesing Hom	ne '
f in	S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I	Day) (Year)
em of i	(Type or Print) SARA ORA DEATH: Hhail	30 1955
r iter	3. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday 17 UNDER 17 Months D. Months D. WIDOWED, DIVORCED, (Specify): 400 22 1874 Specify yrs.	ays Hours Min.
every	IOA. USUAL OCCUPATION (Give kind of working life, even if retired): 7. OR INDUSTRY:	CITIZEN OF WHAT
ly e ca	13 FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	10/4
upply	aldred hard Edward 111 Guer	}
, ,,,,,,	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. BOCIAL BECURITY NO. 17. INFORMANT & ADDRESS:	
e Z	(Yes, no, or u(k.) (If Yes, give war or dates	. Mid
NG IN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
OID P	422 /	ONSET AND DEATH
FA.	IMMEDIATE CAUSE (A) DUE TO	4-6 line
ic is	ANTECEDENT CAUSE (B)	
WITH UNFADING INK.	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	The
WI of.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
PLAINLY, W	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARthur Hypertryline carre	
/ A ii	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
PL.	None	YES NO S
/ "	21a ACCIDENT WAS UNDERLYING 21a PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Count of INJURY Street, office bidg., etc. INJURY OCCUR?	y) (State)
P _	OF INJURY M. A work A work 21F HOW DID INJURY OCCUR?	
. O e	22. I hereby certify that I attended the deceased from 4:- 30 , 19 55, to 4-30 , 1955, that I last	saw the deceased
	alive on #-30- , 1955 , and that death occurred at 10 AM, from the causes and on the date	stated above.
SE TYI	William B. Forray M.D. 226 N. Dyriam St. SALISBURY	Md
PLEASE TYPE correct ag	23. BURIAL, CREMATION, DATE THER OF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

BAMERA A'S

2.1 2 M.

ANV

NEEVO A. Z.

4160 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Hist.155
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 332
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicowico MARYLAND	STATE Maryand COUNTY litres	0711
CITY (If outside corporate limits, write RURAL OR and give neares; town) TOWN 2 115 24 7 4 4 115 24 7 4 115 24 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		give nearest town)
HOSPITAL OR INSTITUTION OR PENINSULA Sener - 1 Hospital Sener - 1 Hosp	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) William (Middle)	(Last) 4. DATE (Month) (Day	(Year)
RACE: C WIDOWED, DIVORCED, (Specify): San	7,1909 yrs. 1/610	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Stock ton Md	COUNTRY WHAT
13. FATHER'S NAME: Williard Marshall	Cha abeth Cropper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	Clis abeth Orither Ma	arstali_
	CAL CERTIFICATION Stockion me	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause DUE TO	men M 1 5	20-7-
Antecedent cause(s) Diseases or conditions, if any, (b)	v peritoritis	months,
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ☑ No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factor, of street, office bldg., etc. INJURY	Cong	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while iNJURY M. work in at work in the state of th	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes , Acci	CHIEF MEDICAL EXAMINER	DATE SIGNED
Earlh Kongen	M. D. ASSISTANT MEDICAL EXAMINER	4-4-55
REMOVAL (Specify): 4-5-53- St. Marks	ENY OR CREMATORY LOCATION (City, town, or ex	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

2.V.

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refained

FUNERAL DIRECTOR:

certificate

death

A15C

AN

ATTENDING

comp

physician

and co burial

SE SE

use

certificate

4161 CERTIFICATE OF DEATH

Dr. Insley-Reg. Dist. No. .. I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico STATE Maryland COUNTY Wicomico COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR end give neerest town) (in this place) TOWN TOWN Salisbury Salisbury HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS Pen. Gen. Hospital 317 Barclay St 3. NAME OF (First) 4. DATE (Month) (Lest) (Day) (Year) DECEASED CORNELIA (NEAT IE) MOORE (Type or Print) ANN DEATH ADE. 21 19 55 SINGLE, MARRIED, 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR 9. AGE lest birthday RACE WIDOWED, DIVORCED, Months Hours (Specify) Married Fewale Dec. 26. 1883 25 YIS. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? retired) Louse Work At Home Siloum Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Heary Phippin Josephine Humphrays IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) [If Yes, give wer or detes of service] Mr. Elijah Moore (Husbard) 317 Barclay No INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO TO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)

nas been executed by certificate assembly should 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH

21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.)

at work

et work

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED While Not while

21f. HOW DID INJURY OCCUR?

SIGNATURE

22. I hereby certify that I attended the deceased from April alive on April 21 1955

ADDRESS (Street, city, town, stete)

BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY)

Apr. 24, 1955

M.o. East Main St. Salisbury Maryland LOCATION (City, lown, or county)

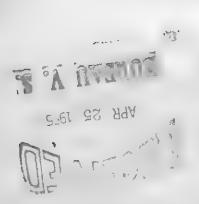
55 toApril 21 19 55 that I last saw the deceased

Burial 24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE Holloway

Salisbury, Maryland rsons Ceacterv 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY

SALISEURY MARYLAND



TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely fulled death certificate assembly should be detached for use as a burial transit permit.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this 4162

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04157

Brouge C. Thefi

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY WICOMICO MARYLAND	STATE Maryland COUNTY	Wicomico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give needs	est town)
OR and give nearest town) Salisbury OR and give nearest town) Salisbury	TOWN Salisbury	4.5
HOSPITAL OR	STREET (If rural give location)	
7/ STREET ADDRESS Deer's Head State Hospital	ADDRESS Quantico Road	/
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Howard Brooks	Patrick DEATH April	27 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE CO. Male White (Specify) Married Feb	of BIRTH 9. AGE last birthday 15 UNDER 1 Months yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
10e, USUA, OCCUPATION (Give kind of work 10b, KIND OF BUSINESS		CITIZEN OF WHAT
done during most of working life, aven if OR INDUSTRY relired) Carpenter	Salisbury, Maryland	COUNTRY? USA
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Alban Patrick	Rosa Byrd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		~
(Yes, no. or unk) (If Yes, give wer or detes of service) 184-10-890	Manual Records	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
e 3 3 X	a	3 days
11.0	C.	J day o
DISEASES OR CONDITIONS, IF ANY, (B) Recent cerebral	thrombosis	4 days
STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosi	s	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D SLASE OR CONDITION CAUSING DEATH. CA of Prostrate	with metastasis	?
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO 303
21e. ACCIDENT WAS UNDERLYING [21b PLACE (Home, Iarm, Iactory, OR CONTRIBUTING [] CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (Slele)
21d TIME OF RNJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While of work of work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased fromJana 5	. 19.55 to Apr. 27 19.55 that I	last saw the deceased
alive on Apr 27,, 19.55, and that death occurred a		
SIGNATURE //	ADDRESS (Street, city, fown, state)	DATE SIGNED
Post fore how M.D.	Salisbury, Maryland	4/28/55
23 BURLAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		The state of the s
DULLA SPECHY) 5/1/35 PARSONS CEI	METERZ SALISHURY MA	DNA.IVA
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25_FUNERAY DIRECTOR'S SIGNATURE	ADDRESS
5/2/55 m. 2/ 0/10	INF HILL John Son	(1-
DATE 2/2/2 / Mary 11. Holloway 2	11/16 14/11, V VC/11/12 WC/2	10,

L. NEAU V. S.

CIS YAA

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the d The bottom copy may be retained by the hospital or attending physician.

04158

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	CD CO
COUNTY WICOMICO	MARYLAND	STATE MARYLAI	ND COUNTY PRINC	E GEORGE'S
CITY (If outside corporate amits, write RURAL	LENGTH OF STAY	CITY (II outside corpor	ate limits, write RURAL and give ne	arest town)
TOWN SALISBURY	(In this place) 7 Weeks:	TOWN RITC	HIE	1-7- %-
HOSPITAL OR		STREET	(il rural give location)	1
INSTITUTION OR DEER'S HEAD	STATE HOSPITAL	ADDRESS DARC	Y ROAD	✓
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) (EMILY) Em	ma Frances Pi	ERSINGER	DEATH April	13th , 55
	GLE, MARRIED, 8. DATE	OF BIRTH 9		R I YEAR IF UNDER 24 HRS
FEMALE WHITE (Spe	owed, D VORCED,	/1864	91 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working file, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 1	2. CITIZEN OF WHAT
refired) Unknown	Unknown	Mason County.	W. Virginia	U.S.A.
13. FATHER'S NAME	VALE 101.23	14. MOTHER'S MAIDEN N		
MANNOM James S:	iders	XIII MANAM	Mary Jane Co	rowell
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & A	DDRESS	
(Yes no or unk.) (If Yes, give wer or detes of serv	None	Hospita	l records	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING 1	TO DEATH			ONSET AND DEATH
112 2 IMMEDIATE CAUSE (A)	ARTERIOSCLEROTIC	CARDIOVASCULAR	DISEASE	, ,
ANTECEDENT CAUSE(S) DUE TO	ARTERIOSCLEROSIS	GENERAT.		2
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				4
(C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 1 21b. PL	ACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR	? (City or town) (Cou	·
	JRY street, office bldg., atc.]		· facts or towns	(6,77.0)
21d. TIME OF INJURY (Month) (Day) (Year) (H		211. HOW DID INJURY OCCUR	?	
·· -	M. et work At work	***	4, 3 %	11 30 t.
22. I hereby certify that I attended				
alive on 4/1/3	, and that death occurred a	1.12/30.4M, from the ci	auses and on the date state	ed above.
EIGNATION	V.Maldve.M.D. D	eer's Head Stat	ESS (Street, city, town, state)	DATE SIGNED
I'v healthe.	M.D. S	alisbury Maryl	e nospital	4/13/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or count	Y) (State)
Burial 4/15/19	955 Wash. Nat'l	Cemetery	Suitland, Pr.	.Geo.CoMd
24. REC'D BY REGISTRAR REGISTRAR'S S		25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
GL-AUI'YO ES ///	of olllower	W.W.Chamber	's Company. R	iverdale. M

BUREAU Y. E.

APR && 1955

MEMERA ET.

The second



REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

(Year)

1955

IF UNDER 24 HRS

Hours

2D. AUTOPSY

YES

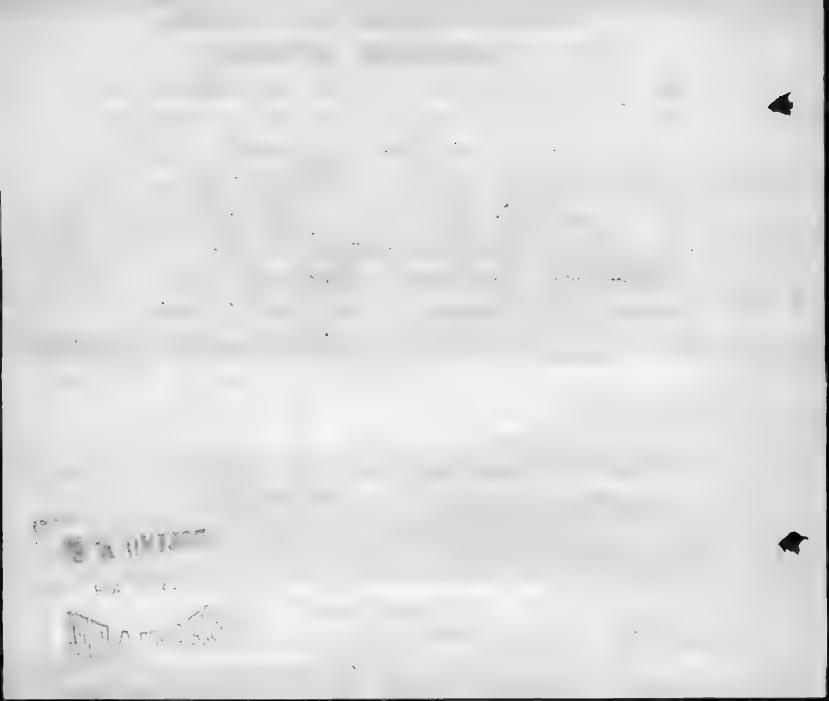
ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

NO

(Stata)

(State)



SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,

M. D

NAME OF CEMETERY OR CREMATORY

DIRECTOR

18 ()4162 Dist. No. 332
. Dist. No. 332
CEASED:
Unceples JRAL and give nearest town)
227
ocation)
(Day) (Year)
11 27 1950
NOER 1 YEAR IF UNDER 24 HRS.
12. CITIZEN OF WHAT
MSA.
1
el
11.
indleton hid
INTERVAL BETWEEN
ONSET AND DEATH
Sudden
24hrz
hopneumonia
YES AUTOPSY1
(County) (State)
I last saw the deceased
date stated above.
4/28/55
own, or county) (State)
The The

ADDRESS

20 S

PLEASE

BURIAL CREMATION

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

The

Item 18 Film G181 5-18-55 ams

SA A TIME

, YA.;

4167 CERTIFICATE OF DEATH

04163

			Ke	ig. Dist. I	40	***
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE			
COUNTY Wicomico	MARYLAND	STATE Marylan	COOMI	Worces		
CITY (if outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY	OR .	te limits, write RURAL or	nd give necrest	lown)	
/2 TOWN Salisbury	9 days	town Ocean	City		×.	
HOSPITAL OR Doom to Hond State	Hospital	STREET ADDRESS	(If rurel giv	e location)		
1 Junited Application	m	Route	.,			
DECEASED TITIES	(Middle)	(Lest)	4. DATE (Mon		Day) (Ye	(at)
	MAY THOR		DEATH 4			55
5. SEX 6. COLOR OR 7. SINGLE, MARR WIDOWED, DI		OF BIRTH 9.	AGE lest birthdey	Months D	EAR IF UNDER	
Female White (Specify) W	idowed 4/2/	1872	83 yrs.	1		
	ND OF BUSINESS	11. BIRTHPLACE (Slete or foreign	n country)		CITIZEN OF WE	IAT
retired) Hookhown YVI FG WING	NOWN HOME	Accomac, Virg	inia		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
James W. Nelson		Tabitha W	. Nelson			
	S. SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS			
(Yes, np, or unk.) (If Yes, give war or detes of service)		Hospita?	records			
	18. MEDICAL CER				INTERVAL BET	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	remia				12 hour	
44-27 IMMEDIATE CAUSE (A)	- CHLC				The House	D
ANTECEDENT CAUSE(S) DUE TO	enhrosclerosis				?	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. BUE TO	Shim operatory					
STATING UNDERLYING CAUSE LAST. (C) A.	rteriosclerosi	s, general			?	
TO THE DEATH BUT NOT RELATED TO THE	1 1 1 1		2.6			
DISEASE OR CONDITION CAUSING DEATH.	rterioscleroti	c cardiovascula	r disease		?	
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				20. AUTOF	o X
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom	io, farm, fectory,	21c. WHERE DID INJURY OCCUR	(City or town)	(County)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	office bidg., etc.)				,	
		2H. HOW DID INJURY OCCUR	7	61133	Fit:	
	vork at work		4	95 1 75 - NA		
22. I hereby certify that I attended the dece	ased from April 4	, 19.55, 10. Apri	J13, 1955.	, that 1 la	st saw the de	oceasec
alive on Apr. 131 19.55 and	that death occurred at	2:50PM, from the ca	uses and on the d	late stated	above.	
SIGNATURE L.V	Maldve, M.D. D	eer's Head Stat	ESS (Street, city, town	n, stele)	A/13/5	IGNEE
23. BURIAL, CREMATION, DATE THEREOF)	M.D. S	alisbury, Maryl	LOCATION (City, town	a, or county)	+/ 20/ 2	(Stete)
REMOVAL (SPECIFY)				For Mile	1/4	0
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	T A H V Y	25. FUNERAL DIRECTOR'S S	DNOW IGNATURE	AD.	DRESS	0.
THE SERVICE STORY	1111) 0 F	1	1) 1.	-

Holloway

ATTENDING PHYSICIAN OR MOSPITALIZING law requires that the death certificate be INSTRUCTIONS The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

registrar within 72 hours after death. After this by the funeral director, the third copy of this

‡.c

hours after death.

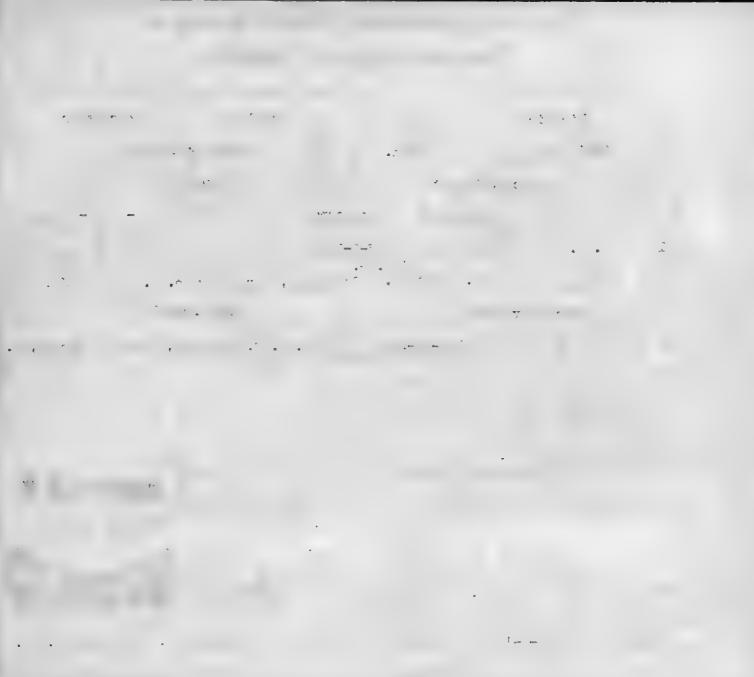
EUREAU X. E.

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICS MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporata limits, write RURAL LENGTH OF STAY	CITY (5 outside corporate limits, write RURAL and give neeres town)
OR and give nearest town) TOWN Salisbury 2 mos.	TOWN East New Market 07%
HOSPITAL OR	STREET (H rural give location)
INSTITUTION OR	ADDRESS
142 Second Street	Rural
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaar)
(True or Dairt) A	ownsend DEATH 4 - 5 - 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
Female A. 4. WIDOWED, DIVORCED, (SpacifyMarried 7)	-6-1990 65 yrs. 9 20 Hours Min,
10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	-0-1009
4545	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) Maid Prov. Trust Co.	Snow Hill. Womanater Co.Md. USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Covington	Nancy Purnell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, giva war or datas of service) No. 173-22-5672	
No No 173-22-5672	REV. R. S. Townsend, East New Market Me
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1914 X IMMEDIATE CAUSE (A) CONTON	a aliterus Untutermen
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING GROEKETING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M, While Not while at work	
22. I hereby certify that Mattended the deceased from 4200	19.5 J., to J. CANTUS 55 that I last saw the deceased
	at
alive on	ADDRESS (Street, city, town, stets)
a Denniell	153 11 Ot - 1 - MI - MI
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	6) 2 W main S/, 5 destay, Md. 5apra
23. BURIAT, CREMATION, DATE THEREOF NAME OF CEMETERY O	R CREMATORY LOCATION (Cify, town, or county) (Sibile)
Burial 4-7-155 Snow Hill	Cemetery Snow Hill, Worcester Co. Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STUGE
DATE 4/11/55 Many It Holloway	Mary a. Stewart Similar Marine
1/10	1 500 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

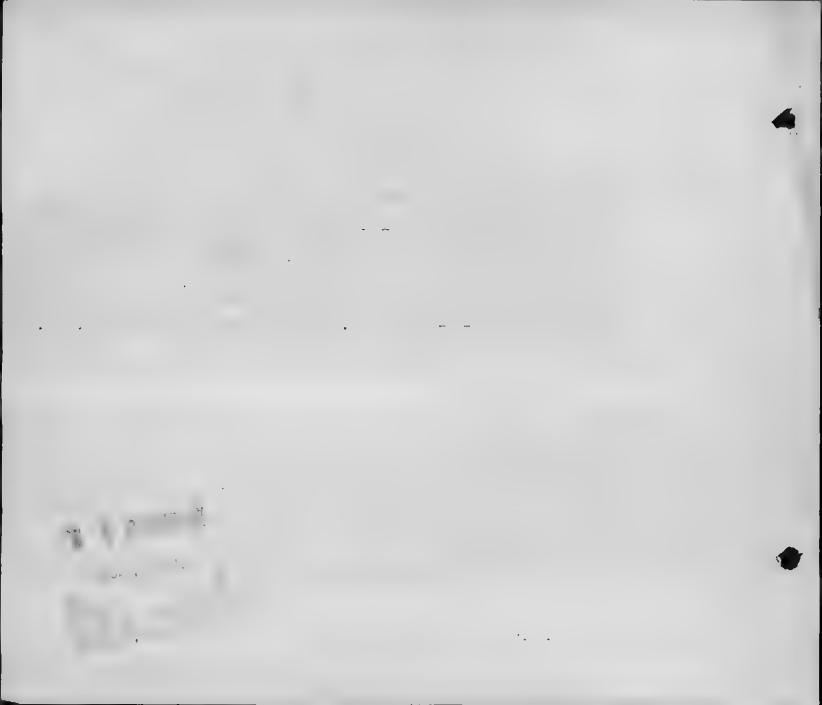


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VS. A15A - 5 - 53

S. A15A.5-53 PLEASE W

4178 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. dist 166				
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 332			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Wicomico MARYLAND	STATE Florida. COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Eden LENGTH OF STAY (in this place) X Weeks	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Del Ray Beach			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR TRINCESS Anne Road RFD # 13	ADDRESS			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Fernando Wester	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH 4 7 19 55			
	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.			
M C (Specify): Married 3-	-24-1903 52 yrs. Months Pays Hours Min.			
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
even if retired): Laborer Farming	Havana, Florida USA			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Henry Wester 15. Was Deceased Ever In U.S. Armed Forces 7 16. Social Security No.:	Lucille Williams 17. INFORMANT & ADDRESS:			
(Yes, no, or unit.) (If Yes, give war or dates of Unknown service) 261-10-8580	Mrs. Ollie Mae Wester, Del Ray Beach, Fla.			
	AL CERTIFICATION INTERVAL BETWEEN			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Onset and Drath			
Immediate cause (a) Coronary occlusion	ı			
DUE TO Antecedent cause(s)				
Diseases or conditions, if any. (b)				
giving rise to the above cause DUE TO stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION: 196. MAJOR FINDING OF OPERATION:	20. AUTOPSYT			
	Yes [] No []			
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc.	,			
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work ☐ at work ☐	21f. HOW DID INJURY OCCUR?			
	bed above, held an Autopsy [], Inspection [X, Inquiry [7], and			
find that death resulted from Natural causes M , Acci-	dent [], Suicide [], Homicide [], Undetermined cause [].			
SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER			
DURING COUNTY DATE OF THE PARTY	M. D. ASSISTANT MEDICAL EXAM. 1 18 55			
REMOVAL (Specify):	th Cemetery Del Ray Beach, Florida			
DATE REC'D BY LOCAL LEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
REG - 9-55 Mary W. Holloway	Mary a. Stowart, Salesbury Marylans			



M	information carefully.
BINDING	TYPE OR WRITH CLAINLY, WITH UNFADING INK. Supply every item of information
MARGIN RESERVED FOR BINDIN	UNFADING INK.
) MARGIN	LAINLY, WITH
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10 - 53	TYPE 0

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
4170 CERTIFICATE	E OF DEATH Reg. Dist	No. 555	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D;	
COUNTY WICOMICO MARYLAND CITY (If outside corporate limits, write RURAL Condition of the corporate limits, write RURAL Condition of the corporate limits, write RURAL Condition of the corporate limits, write RURAL (in this place) TOWN SALSONRY	STATE Maryland COUNTY Wor Cester CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Campbelltonn 23x-2		
12 INSTITUTION OR PENINSULA GENERAL 1105 PATE	STREET (If rural give location) ADDRESS	/	
(Type or Print) PATRICIA anne	DILLIAMS DEATH: APRIL	Day) (Year)	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 5, no 12 lug/	6,1948 14 yrs. Months D	ays Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Maryland 12.	COUNTRY!	
Milton allen Williams	Pathleen Watson		
18. WAS DECKASED EVER IN U.S. ARMED FORCES? (Yes. no, or unk.) (If Yes, give war or dates of service)	Milton allen William	10	
16. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 430.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	to Gackinal endocardetis	INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)	
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work 21E INJURY OCCURRED While 21E INJURY OCCURRED WH	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/12	1955, to 4/12/ 1955, that I last	saw the deceased	
alive on 4/12, 1955, and that death occurred at 3 7.M, from the causes and on the date stated above. SIGNATURE DATE SIGNED			
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	County) (State)	
DATE BEC'D BY LOCAL BEGISTRAR'S SIGNATURE, REGISTRAR'S-55 Mary W. Holloway	Les funeral director Selbyville	ADDRESS.	

BUREAU V. S.

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	y and leg	-
)	ath clearly	
VED FOR BINDING	K. Supply every item of in	
MARGIN RESERVED FOR BINDING	RTH UNFADING INF ant. Physicians: pleas	
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, age is especially important. Physicians: please write the causes of death clearly and legil	

41 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18 Reg. John
MEDICAL EXAMINER'S CERTIFICATE (OF DEATH No. 332
I. PLACE OF DEATH 2. USUAL RESIDENCE (H	OME) OF DECEASED
COUNTY / MARYLAND STATE	COUNTY (1) reester
OR and give nearest town) / (in this place) OR	ate limits write RURAL and give nearest town)
	ean city 23X-2
HOSPITAL OR STREET ADDRESS ADDRESS PRINTER ADDRESS	(If rural, give location)
DECEASED: (Type or Print) / Cloon /	DATE (Month) (Day) (Year) DEATH (L) (2 19.)
RACE: WIDOWED, DIVERGED, (Specify): 1/908	last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Ove kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Statement of work life, even if retired):	te or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:) a leen 14. MOTHER'S MAHOEN I	NAME:
16. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRE (Yes, no, or unk.) (If Yes, give war or dates of service)	98: Intal record
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	
Antecedent cause(s)	enetry.
Diseases or conditions, if any,	
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	**************************************
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY7 Yes No
21a. EXTERNAL CAUSE WAS I'RIMARY OF CONTRIBUTING 21b. PLACE (Home, farm, feetely, 21c. (City or town) CAUSE OF DEATH. OF CAUSE OF DEATH.	ty Wocaster (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work M 21f. HOW DID INJURY	r obcur?
22. I hereby errify that I took charge of the remains described above, held an Autfind that death resulted from: Natural causes [], Accident [], Suicide [],	
DEPUTY ME	ICAL EXAMINER DATE SIGNED MEDICAL EXAMINER MEDICAL EXAM.
23 BRILL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LO	ATION (City town or county) (State)
DATE REC'D BY LOCAL REGISTRA'S SIGNATURE OF UNERAL SIR CTO	will Snow Hill mil
	7

PRECEIVED V. S.